

## Non-Profit Security Grant Fund Application Form

On November 7, 2019, [House Bill 859 \(or Act 83 of 2019\)](#) was signed into law, establishing a new program called the Nonprofit Security Grant Fund Program at the Pennsylvania Commission on Crime and Delinquency (PCCD). Act 83 directs PCCD to administer grants to nonprofit organizations who primarily serve individuals, groups, or institutions that are included within a bias motivation category for single bias hate crime incidents as defined by the [FBI's 2017 Hate Crime Statistics publication](#). Nonprofit organizations with a 501(c)(3) designation are eligible for funds to be used for security enhancements designed to protect the safety and security of the users of a facility located in the Commonwealth that is owned or operated by the nonprofit organization.

This survey/form serves as the initial application for Nonprofit Security Grant Funds. To assist you in

Please note: You are not required to complete this application in one sitting. However, to continue an application, you must utilize the same computer/system that the application was started on. Once you hit the "Submit" button, you will not be able to modify your application.

A PDF copy of the application and budget templates can be found on the PCCD website to assist you. Questions regarding this application can be sent to [RA-CD-NPSEC-GRANT@pa.gov](mailto:RA-CD-NPSEC-GRANT@pa.gov). A full list of questions and answers can be found at the bottom of [PCCD's Non-Profit Security Grant Fund webpage](#). Please note that due to the competitive nature of these grants, PCCD staff are unable to answer questions about specific proposals.

If your application is approved at the March 11, 2020 Commission meeting, you will be contacted by PCCD staff to complete a full application via PCCD's EGrants system.

Questions marked with an asterisk are required.

1. *ONLY nonprofit organizations based in the Commonwealth of Pennsylvania designated as exempt under section 501(c)(3) of the Internal Revenue Code of 1986 are eligible to apply.* Are you a registered 501(c)(3) nonprofit organization?\*
  - a. Yes
  - b. No
2. What is your legal organization name as identified on the IRS determination letter?\*
3. What is your organization Employer Identification Number (EIN)?\*
4. Please upload your 501(c)(3) IRS determination letter or affirmation letter.\*
5. Organization County\*
6. Organization Address Line 1\*

7. Organization Agency Address Line 2
8. Organization City\*
9. Organization State\*
10. Organization ZIP Code\*
11. Organization Phone Number\*
12. Primary Contact Person Name\*
13. Primary Contact Person's Email Address\*
14. Primary Contact Person's Preferred Phone Number\*
15. *Please note that eligible applicants must principally serve individuals, groups, or institutions that are included within a bias motivation category for single bias hate crime incidents identified by the [Federal Bureau of Investigation in its 2017 Hate Crime Statistics Publication](#) under the Uniform Crime Reporting program. For more information on these categories and what constitutes a hate crime, please see the FAQ page of the FBI's UCR Hate Crime website at <https://www.fbi.gov/services/cjis/ucr/hate-crime>. What individuals, groups or institutions that are included within a bias motivation category for single bias hate crime incidents does your organization principally serve (please select all that apply)?*
  - a. **Race/Ethnicity/Ancestry**
    - American Indian or Alaska Native
    - Arab
    - Asian
    - Black or African American
    - Hispanic or Latino
    - Multiple Races, Group
    - Native Hawaiian or Other Pacific Islander
    - Other Race/Ethnicity/Ancestry
    - White
  - b. **Religion**
    - Buddhist
    - Catholic
    - Eastern Orthodox (Russian, Greek, Other)
    - Hindu
    - Islamic
    - Jehovah's Witness
    - Jewish
    - Mormon
    - Multiple Religions, Group
    - Other Christian

- Other Religion
- Protestant
- Atheism/Agnosticism/etc.
- c. **Sexual Orientation**
  - Bisexual
  - Gay (Male)
  - Heterosexual
  - Lesbian
  - Lesbian, Gay, Bisexual, or Transgender (Mixed Group)
- d. **Disability**
  - Mental Disability
  - Physical Disability
- e. **Gender**
  - Male
  - Female
- f. **Gender Identity**
  - Transgender
  - Gender Non-Conforming

16. Please describe how your organization serves the population(s) selected above. [Limited to 1000 characters or less.]\*

17. *A hate crime, as defined by the Department of Justice, is a criminal offense against a person or property motivated in whole or in part by an offender's bias against a race, religion, disability, sexual orientation, ethnicity, gender, or gender identity. While not inclusive of all crimes, the top three bias motivated offenses reported in the FBI UCR Program's hate crime data set are destruction/damage/vandalism, intimidation, and simple assault.* Has your organization, or an individual that is a member of or is served by your organization, been a victim of a hate crime in the past?\* Please note: You are not required to be a victim of a hate crime to be eligible for these funds.

- a. Yes
- b. No

18. If you answered Yes to Question 17, when did the most recent incident occur? Select one:

- a. 0-6 months ago
- b. 6-12 months ago
- c. 1-3 years ago
- d. 3-5 years ago
- e. More than 5 years ago

19. Please provide a brief description of the most recent incident, and any description of other incidents that may have also occurred in the past. [Limited to 2500 characters or less.]

20. Narrative\*

*Using this script, please summarize your request, the need for your request, and link how the funds you are requesting meet or solve that need. Please include any information that relates to a credible and immediate threat to your organization due to the population served. [Limited to 5000 characters or less].*

**The [name of applicant] is requesting \$[insert grant amount request here] for the following: [provide bullet points of the requested items].**

**Funding for the proposed project is being requested due to: [provide a 3-5 sentences that justify your funding request].**

**By funding this project, [describe how the requested funds will help meet or solve the need identified].**

21. Please provide any documentation you may have to support your narrative. (e.g. police report of an incident, pictures, newspaper articles, board/meeting minutes, etc.)

22. Budget\*

According to Act 83 guidelines, eligible applicants may request a minimum of \$5,000 up to a maximum of \$150,000. Applicants requesting \$25,001 to \$150,000 will be required to provide non-state financial participation based on the size of the grant request. Applicants requesting \$5,000 to \$25,000 in funding are NOT required to provide non-state financial participation for their grant.

<b>Budget Amount</b>	<b>% Non-State Financial Participation Requirement</b>	<b>Range of Cost to Applicant</b>
Equal to or less than \$25,000	0%	\$0
Between \$25,001 and up to \$75,000	33% of the requested grant amount	\$8,250 - \$24,750
Between \$75,001 and up to \$150,000	50% of the requested grant amount	\$37,500- \$75,000

*\* Funding for the non-state financial participation can come from any source (e.g., fundraising dollars, federal or local government funds, etc.) except state funding. The applicant must provide a match for the requested grant amount at the required percentage with non-state financial support. In-kind matches (i.e., donations of goods, services or time instead of cash) do not satisfy the non-state financial participation requirement. Previous expenditures for security enhancements are not eligible to satisfy the non-state financial participation requirement.*

*PCCD is not liable for any costs incurred prior to the start date of the award.*

Proposed budgets must be at least \$5,000 and no more than \$150,000. Expenses are limited to a one-year project period. Awarded agencies will have the option to extend their award, if necessary.

Please select your budget amount request (not including match) from the choices below. Once selected, you will be provided a budget template that you will need to fill out and resubmit within this application.

[The next 3 questions are based on what budget category the individual selects:]

**23. Budget Amount Request Equal to or Less Than \$25,000**

You have selected the budget amount request of equal to or less than \$25,000. There is no non-state financial participation requirement with this budget amount request.

Please download the budget template ([Excel Version](#) or [PDF Version](#)), fill out a one-year budget, and save the completed budget spreadsheet below **in a PDF document**. Funding is limited to supporting Act 83 activities listed within the template.

You may also attach additional information (e.g., estimates, product specs, etc.) to supplement the information provided in your budget.

**24. Budget Amount Request Between \$25,001 and up to \$75,000**

You have selected the budget amount request that ranges between \$25,001 and up to \$75,000. There is a 33% non-state financial participation requirement with this budget amount request. That means if you are requesting \$25,001 from PCCD, you are required to provide a 33% match (i.e., \$8,250) for a total project budget of \$33,251.

Please download the budget template ([Excel Version](#) or [PDF Version](#)), fill out a one-year budget, and save the completed budget spreadsheet below **in a PDF document**. Funding (both requested and match funds) is limited to supporting Act 83 activities listed within the template.

You may also attach additional information (e.g., estimates, product specs, etc.) to supplement the information provided in your budget.

**25. Budget Amount Request Between \$75,001 and up to \$150,000**

You have selected the budget amount request that ranges between \$75,001 and up to \$150,000. There is a 50% non-state financial participation requirement with this budget amount request. That means if you are requesting \$150,000 from PCCD, you are required to provide a 50% match (i.e., \$75,000) for a total project budget of \$225,000.

Please download the budget template ([Excel Version](#) or [PDF Version](#)), fill out a one-year budget, and save the completed budget spreadsheet below **in a PDF document**. Funding (both requested and match funds) is limited to supporting Act 83 activities listed within the template.

You may also attach additional information (e.g., estimates, product specs, etc.) to supplement the information provided in your budget.

## 26. Final Acknowledgement

By signing below, I acknowledge that should this application be accepted for an award by the Commission, my organization is responsible for working with PCCD staff to meet all further programmatic and fiscal requirements related to the award. If approved for funding, I acknowledge that I will be required to complete an application via PCCD's EGrants system.

Signed:                     ( name of person filling out application)                    

Date: \_\_\_\_\_

By submitting this final acknowledgement, you agree that your application will be submitted to PCCD for consideration. Please bookmark and visit our webpage at <https://www.pccd.pa.gov/schoolsafety/Pages/Non-Profit-Security-Grant-Fund.aspx> for any updates about future funding opportunities under this Program.